

## Clean Watersheds Needs Survey Small Community Form

1. Does your facility have water-quality-related capital improvement needs? **Yes**

2. Do you have planning documents that report any of your needs  
(such as in a capital improvements plan or engineering report)? **Yes**

**Please e-mail those documents to your state coordinator. The state environmental agency will enter your documented needs separately.**

3. Do you have any undocumented needs? **Yes**

**Please use this form to communicate those needs.**

4. Do you have access to a Professional Engineer (consulting with or on staff)  
who will certify the costs of the undocumented needs? **Yes**

**Please enter the contact information for the local professional engineer (PE).**

**Once you finish filling out the form, it will be sent to this person for their digital signature.**

Local PE Name **PE Name**

Local PE Email **PE@email.com**

5. Do you want to use EPA cost estimation tools to estimate any of the costs? **Yes**

- Select Cost Estimation Tool(s):
- ☐ Wastewater: Treatment Plant Cost Estimation Tool  
(Estimates the costs for constructing a new treatment plant or replacing, rehabilitating, upgrading treatment, expanding, or adding disinfection at an existing one.)
  - ☒ **Combined Sewer Overflow Cost Estimation Tool**  
**(Estimates the cost for constructing a new CSO storage basin.)**
  - ☐ Wastewater: Collection Cost Estimation Tool  
(Estimates the costs for constructing a new wastewater conveyance facility or replacing/rehabilitating an existing one.)

### Facility Information

Please complete the required fields and contact information.

\* Indicates required field

CWNS ID **7888888892**

Infrastructure Type **Wastewater**

\* Facility Name: **Test - SCF WWTP and Collection**

\* Authority Name: **Authority Name**

\* Facility Address: **Facility Address**

**P.O. Box is not allowed. If a facility doesn't have an address, please indicate physical location with description instead (e.g., '5 miles south down Rt. 9 from City Hall'). Thank you!**

\* City: **City**

\* State: **VI**

\* Zipcode: **00000**

\* County: **County**

\* Owner Type: ☒ **Public** ☐ Private ☐ Federal

Contact Name: **Contact Name**

Role/Title: **Role/Title**

Phone: **#####** Extension: **###**

Fax:

Email: **email@email.com**

### Facility Types <sup>?</sup>

Please select the facility type(s) for the infrastructure in your community. To add a facility, click the "Add a Facility" button and select facility type from the dropdown menu. To see more information about the facility types, click the "?" icon.

Facility Type	Planned Changes
Treatment Plant	Process Improvement Increase Level Of Treatment
Collection: Combined Sewers	Rehabilitation

### Facility Discharges <sup>?</sup>

To add a facility discharge, click on the "Add Discharge" button and select from the dropdown menu. If your facility discharges to another facility, indicate the name and location so the state coordinator can clearly identify the facility.

Discharge	% of Discharge	Discharges To
Outfall To Surface Waters	100	
<b>Total</b>	<b>100</b>	

**Effluent Information** <sup>?</sup>

Please complete the following fields for effluent information. Effluent information is required for wastewater treatment plant facilities and optional for honey bucket lagoons and storage facilities.

\* Current Effluent Treatment Level: **Secondary**

\* Is there Disinfection (e.g.,chlorine, UV) currently in place? ☒ No ☐ Yes

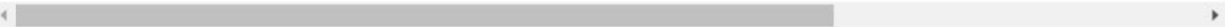
\* Future Effluent Treatment Level: **Secondary**

\* Will there be Disinfection (e.g., chlorine, UV) in the future? ☐ No ☒ Yes

**Population Information (Wastewater)** <sup>?</sup>

Please complete the following fields for population information. Population information is required for separate and combined sewer collection facilities (for wastewater infrastructure types). Population is also required for decentralized facilities.

	Residential Population	
	2022	Projected Design Population 2042
Receiving Collection	7,100	7,800

**Flow Information** <sup>?</sup>

Please complete the following fields for flow information.

	Current Design Flow (MGD)
Total Flow	1.00

### Needs <sup>?</sup>

Report your community's needs by category.

If you have documents describing these costs, please send them to your state CWNS coordinator: .

**\* Please select reason(s) for needed changes:**

- ☒ The project(s) is required to maintain compliance with a NPDES permit.
- ☐ The project(s) is necessary to obtain compliance with a new permit requirement.
- ☐ The project(s) is to increase capacity or improve treatment in advance of anticipated new permit requirements.
- ☐ The project(s) is to achieve or maintain compliance with a TMDL.
- ☒ The project(s) will prevent unregulated water quality or human health impacts.
- ☐ The project(s) improves water efficiency, improves energy efficiency, improves water conservation, addresses climate change, or improves resiliency.

**Needs Category : Needs Category: I - Secondary Wastewater Treatment**

Cost Method	Adjusted Amount	Project Description
Your estimate	1,200,000	Adding disinfection to the plant, along with improving the processes related to...

**Needs Category : Needs Category: V - Combined Sewer Overflow (CSO) Correction**

Cost Method	Adjusted Amount	Project Description
EPA's Cost Estimation Tool: CSO	100,000	Equalization basin

### Local Official Certification

☐ I am the local official ☒ Please send to a local official for review

Name **Name**

Email **local.official@email.com**